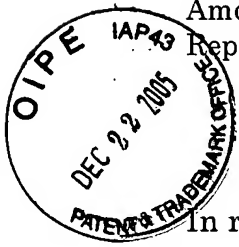


Appl. No. 10/057,111  
Amdt. dated December 19, 2005  
Reply to Office Action of September 27, 2005

Atty. Ref. 81800.0180  
Customer No. 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshifumi TANIMOTO

Serial No: 10/057,111

Confirmation No.: 1396

Filed: January 23, 2002

For: Method of Transmitting Email, Device  
for Implementing Same Method, and  
Storing Medium Storing Program for  
Transmitting Email

Art Unit: 2131

Examiner: C. A. Revak

I hereby certify that this correspondence  
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Mail Stop Amendment  
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P.O. Box 1450  
Alexandria, VA 22313-1450

December 19, 2005

Date of Deposit

Rhonda Hurt

Name

*Rhonda Hurt*

12/19/2005

Signature

Date

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 27, 2005, please amend this  
application as follows:

**Amendments to the Claims** are reflected in the listing of claims which  
begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.



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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment.  
☒ Return Postcard.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-20	20 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	3 ***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
Independent Claims: 1, 9 and 15					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

HOGAN &amp; HARTSON L.L.P.

By:

Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

Date: December 19, 2005

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Telephone: 213 337-6700  
Facsimile: 213 337-6701